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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT :

Sang-Dong Lee et al.

SERIAL NO. :

10/730,594

EXAMINER : Scott J. Sugarman

FILED :

December 8, 2003

ART UNIT : 2873

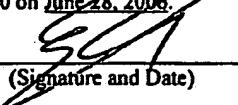
FOR:

OPTICAL COUPLING LENS SYSTEM AND METHOD FOR
MANUFACTURING THE SAME

Certificate of Mailing Under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to M/S Petition, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on June 28, 2006.

Steve Cha, Reg. No. 44,069
(Name of Registered Rep.)


(Signature and Date)

PETITION FOR WITHDRAWAL FROM ISSUE UNDER 37 C.F.R. §1.313(a)

Mail Stop Petition
Commissioner For Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicants petition the Commissioner to withdraw the above-identified Patent Application from Issuance, to permit consideration of an Information Disclosure Statement Under §1.97 containing references cited from a Foreign Patent Office. Issue Fee for this case is due September 5, 2006.

Applicants include a Petition Fee of \$130.00.

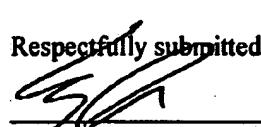
The Commissioner is further authorized to charge any deficiencies or to credit any overages to Deposit Account No. 502-470, and accordingly, this Request is submitted in duplicate.

Favorable action on this Request for Extension of Time is courteously solicited.

Adjustment date: 07/11/2006 CKHLOK
07/05/2006-TBESHAK1-00000006-10730594
02 FC:1464 -130.00 OP

Repln. Ref: 07/11/2006 CKHLOK 0011070800
DAH:502470- Name/Number:10730594
FC: 9204 \$130.00 CR

Respectfully submitted,


Steve Cha

Attorney for App 07/05/2006 TBESHAK1 00000006 10730594
Registration No. 44,069

130.00 OP

Cha & Reiter
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Paramus, NJ 07652
(201) 226-9245

Date: June 28, 2006

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	7-11-06	2 Serial/Patent #	10/731594
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
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Petition		6-28-06	\$ 170
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		7 TOTAL AMOUNT OF REFUND	\$ 170
		8 TO BE REFUNDED BY:	
10 REASON:		Treasury Check	
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11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		Karen Glass	
SIGNATURE:		Karen Glass	
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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